

March 22, 2010

RFP 005433 Addendum 1 Due: 4/9/10
Request for Proposals for Project Management Services Buyer: Jeffrey Hartgrove

The purpose of this addendum is to make the following changes and answer question by several vendor concerning the above.

1. Insert this new section:

Section 4.3 Determination of Responsibility

Determination of the proposer's responsibility relating to this RFP shall be made according to the standards set forth in LAC 34: 136. The State must find that the selected proposer:

Has adequate financial resources for performance, or has the ability to obtain such resources as required during performance;

Has the necessary experience, organization, technical qualifications, skills, and facilities, or has the ability to obtain them;

Is able to comply with the proposed or required time of delivery or performance schedule;

Has a satisfactory record of integrity, judgment, and performance; and

Is otherwise qualified and eligible to receive an award under applicable laws and regulations.

Proposers should ensure that their proposals contain sufficient information for the State to make its determination by presenting acceptable evidence of the above to perform the contracted services.

2. Office of Contractual Review regulations state that a minimum of two copies of the proposal be submitted. **Section 1. General Information** should be amended to state:

Note: 2 **hardcopies of the proposal**
and one electronic version of the proposal must be received by the
Department of
Purchasing no later than
2 p.m. CST on the date of the
deadline.

3. **Section I.3.A Technical Proposal Selection Criteria** should be amended by adding this additional sentence:

“Qualifications and experience of proposed staff will also be evaluated to determine the ability to provide described portfolio and project management services within the LSU Health System environment.”

4. **Section II. SOW: 1.1.1.5** should be modified by the addition of the phrase “Computerized Provider Order Entry” immediately after the phrase “Adoption of CPOE”:

“Adoption of CPOE (Computerized Provider Order Entry)...”

5. In the entirety of **Section II.2 Scope of Work and Deliverables** and of **Section II.3. Estimated Schedule**, the word “proposer” should be changed to the word “contractor”.
6. In the entirety of **Section III. Contractor Response Format**, with the exception of **Section III.2.3**, the word “contractor” should be changed to the word “proposer”.
7. In **Section II.5.2 Other Resources**, the phrase “five (5) business days” should be changed to “ten (10) business days”.
8. **Section II.6 Additional Terms and Conditions Specific to this SOW** is not applicable. The sentence that begins with “The services to be provided...” should be deleted and replaced with the phrase “Not applicable”

9. In **Section II.7 Change Control Procedures, Part B**, the phrase “The designated State Project Manager of the requesting party” should be replaced with the phrase “The LSU EHR Project Director”.
10. In **Section II.7 Change Control Procedures, Part B**, the acronym “OCR” should be replaced with the phrase “Office of Contractual Review” and the acronym “OSP” should be replaced with the phrase “Office of State Purchasing”.
11. In **Attachment A: Cost Proposal Worksheet**, delete the sentence “The total compensation for the contract will not exceed the total proposed contract ceiling of \$3,500,000.” The not-to-exceed amount is already stated in **Section III.2.7**.
12. In **Section II.9 Attachments**, delete the sentence “The total compensation for the contract will not exceed the total proposed contract ceiling of \$3,500,000.” The not-to-exceed amount is stated in **Section III.2.7**.
13. **Attachment B, Article 8.0 Order of Precedence** should be amended by replacing the phrase: “...second priority to the Agency’s Statement of Work; third priority shall be given to the contractor’s response to the proposed SOW (Attachment V) by the Agency” with the phrase “...second priority shall be given to the Request for Proposals and its amendments, and third priority shall be given to the provisions of the Contractor’s proposal.”
14. **Section III.2.7 SOW Response** should be amended by deleting these two sentences: “As indicated in Section 9, **all proposals will be limited in total cost to \$3,500,000. Any proposal that exceeds a total cost of \$3,500,000 will be non-compliant and will be rejected.**” In place of these two sentences, the following sentences should be substituted: “Because a significant component of the EHR Project budget will be funded by the American Reinvestment and Recovery Act (ARRA), and because most of the ARRA funds will not be available until after the Core EHR components are installed, the project budget will have limited cash available during the initial three years. Such budget restrictions require that **all proposals be limited in total cost to \$3,500,000. Any proposal that exceeds a total cost of \$3,500,000 will be non-compliant and will be rejected.**”

Questions from Proposers

Question #1 from IBM:

In what city/location will the vendor's project management team be working?
Will this remain the same for the entire contract?

A high-bandwidth network backbone operating at up to 10Gbs will connect data centers in Shreveport and Baton Rouge. The 10 LSU hospitals will connect to this backbone at speeds of 100 Mbs, 1 Gbs, or 10 Gbs as needed. Data centers will be identical, with one designated primary and the other designated secondary. A GE RIS/PACS system for the LSU hospitals will soon be operational in this data center model. At present, eight hospitals use an HIS from Siemens that is managed remotely, while two hospitals run this same system on an internal mainframe system.

Question #5 from Saga Consulting Services:

What is your current HIS system(s)?

LSU Response to Question #5:

Siemens is the primary HIS vendor for the ten LSU public hospitals.

Question #6 from Saga Consulting Services:

What database and/or tools/vendor are you using for data warehousing?

LSU Response to Question #6:

At present, eight of the ten hospitals use the Siemens product called Decision Support System.

Question #7 from Saga Consulting Services:

What are you using for records management today?

LSU Response to Question #7:

At present, the Health Information Management products used by the ten hospitals are primarily from 3M/Softmed.

Question #8 from Saga Consulting Services:

What electronic billing system do you use?

LSU Response to Question #8:

LSU Response to Question #1:

Primary cities will be Shreveport, Baton Rouge, and New Orleans. However, the first hospital to go live on the Epic system will be in Shreveport, so for the duration of the proposed PMO engagement, more time will be spent in Shreveport than in the other two cities.

Question #2 from IBM:

In budgeting 10,000 hours for 6 PMs, are you assuming that these PMs will work part time (1,666 hrs total) over the course of 3 years?

LSU Response to Question #2:

As stated in **Section II.4.2 Expected Number and Type of Staff**, "LSU suggests the ... number and type of staff to be provided as well as the number of hours that each of the three different types of staff will work." Proposers may provide other allocations for number of staff, hours worked by staff, and total staff hours, and the quality of such proposals to meet the needs of LSU (as stated in the RFP) will be evaluated.

Question #3 from IBM:

Are you going to allow remote work to decrease travel costs?

LSU Response to Question #3:

Some amount of remote work will be acceptable.

Question #4 from Saga Consulting Services:

What is your current infrastructure (technology, networks, servers, etc.) and how are they set up?

LSU Response to Question #4:

The hospital billing system used by the ten LSU hospitals is Siemens Patient Accounting. Three of the hospitals use the Flowcast professional billing system from GE/IDX.

Question #9 from Saga Consulting Services:

With regard to the 64 subsystems

- a. What are they?
- b. Which of the subsystems will not be provided with Epic?
- c. For the systems that do not implement Epic, what/who will they use?

LSU Response to Question #9:

The contract with Epic has not yet been statutorily approved, so at this time, LSU cannot know with absolute certainty which subsystems will be replaced by Epic subsystems. However, these are the 64 subsystems listed in the RFP for the Electronic Health Record system:

No.	Electronic Health Record Component	Priority		
		Required	Highly Desired	Desired
A. Patient Management/Patient Accounting Systems				
1	Admission/Discharge/Transfer Registration System (including bed management)	x		
2	Patient Tracking System		x	
3	Enterprise Master Patient Index	x		
4	Patient Accounting	x		
5	Physician Billing	x		
6	Payor Verification/Eligibility		x	
7	Document Imaging (Business Office and Clinical)		x	
8	Medical Records Management (coding, abstracting, chart management, release of info.)		x	
9	Transcription		x	
10	Enterprise Patient and Resource Scheduling	x		
11	Integrated Physician Consult Management (notification and scheduling)		x	
B. Clinical Information Systems				
12	Computerized Physician Order Entry (CPOE)	x		
13	Order Entry	x		

No.	Electronic Health Record Component	Priority		
		Required	Highly Desired	Desired
14	Results Management	x		
15	Clinical Data Repository	x		
16	Clinical Decision Support	x		
17	Device integration (monitors, pumps, POC testing – with automated data capture features)		x	
18	Real-time Clinical Alerts	x		
19	Critical Results Notification		x	
20	Clinical Messaging	x		
21	Multi-disciplinary Clinical Documentation	x		
22	Clinical Content		x	
23	Clinical Trials Management (including compliance management)		x	
24	Patient/Consumer Portal		x	
25	Physician Portal	x		
26	Patient Acuity			x
27	Medication Administration Record (with bar coding)	x		
C. Ancillary Systems				
28	Pharmacy Management (including e-prescribing, Pyxis interface)	x		
29	Outpatient Pharmacy			x
30	Laboratory/Pathology Information Systems (general, microbiology, blood bank, anatomic pathology with PACS interface, reference lab, instrument interfaces)			x
D. Enterprise Resource Management Systems				
31	Materials Management (surgical, clinical)			x
E. Specialty Systems				
32	Peri-operative System (pre-op, surgical, post-op, anesthesia)			x
33	Emergency Department		x	
34	Cardiology Information System (with PACS interface)			x
35	Oncology Information System			x
36	Infection Control Reporting			x
37	Allied Health System (Occupational, Physical, Speech & Respiratory Therapy)			x
38	Hemodynamic Monitoring			x
39	NICU			x

No.	Electronic Health Record Component	Priority		
		Required	Highly Desired	Desired
40	ICU			x
41	Labor & Delivery (bedside charting, monitoring)			x
F. Decision Support System or Functions				
42	Outcomes Management/Performance Improvement	x		
43	Risk Management/Quality Assurance		x	
44	Case Management & Utilization Review		x	
45	Clinical and Financial Data Warehouse	x		
46	Expert analytics and reporting	x		
47	User reporting tools	x		
48	Medical Staff Credentialing			x
G. Ambulatory Information Systems				
49	Ambulatory EMR (e-prescribing, clinical content, clinician documentation, etc.)	x		
50	Ambulatory clinic and practice management (administrative tools)		x	
H. Technical				
51	Biometrics			x
52	Workflow Engine		x	
53	Rules Engine	x		
54	Interface Engine		x	
55	Data Dictionary	x		
56	Communication tools (especially between clinical providers)	x		
57	Phone Call Management		x	
58	Integrated Voice Response		x	
59	Single Sign-on Integrated with Microsoft Active Directory			x
60	High Availability	x		
61	Disaster Recovery	x		
62	Operating Software	x		
63	System Tools (including strong user access security features)	x		
64	HIPAA Compliance Support (auditing, security and patient confidentiality features)	x		

Question #10 from Saga Consulting Services:

What third-party vendor applications will be integrated with Epic?

LSU Response to Question #10:

The contract with Epic has not yet been statutorily approved, so at this time, LSU cannot know with absolute certainty which subsystems will be replaced by Epic subsystems. However, Epic does not offer a document imaging system or a medical staff credentialing system, so LSU will likely interface these systems.

Question #11 from Saga Consulting Services:

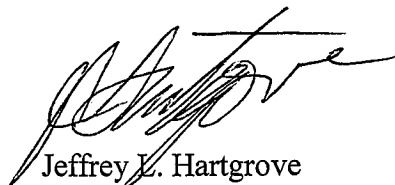
With regard to Independent Validation and Verification, what type of policies and procedures does LSU have? Do you have an internal testing team?

LSU Response to Question #11:

LSU does not presently have IV&V policies. Internal testing is conducted on upgrades to all existing systems and on implementation of new systems, but LSU does not have sufficient staff to conduct all needed testing on the system that Epic proposes to implement.

This addendum herein becomes a permanent part of Bid # 0055433 and should be submitted with your bid or separately if your bid has already been submitted. All other conditions and specifications remain the same.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey L. Hartgrove", is written over the printed name and title.

Jeffrey L. Hartgrove
Director of Purchasing and
Materials Management